

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 08/08/01, 09/12/01 and 10/18/01?
- b. The request was received on 02/08/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60 and Letter Requesting Dispute Resolution
  - b. Provider marked exhibits
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. EOBs
  - c. Carrier marked exhibits
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/02/02. The response from the insurance carrier was received in the Division on 07/16/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: The carrier has reimbursed the provider properly.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only dates of service eligible for review are 08/08/01, 09/12/01 and 10/18/01.

2. The carrier's EOBs have the denials, "N – NOT DOCUMENTED", "M – REDUCED TO FAIR AND REASONABLE", "F – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY" and "G – INCLUDED IN GLOBAL"
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
08/08/01 09/12/01 10/18/01	76499-27-22	\$350.00 \$350.00 \$350.00	\$88.00 \$88.00 \$88.00	F, N M M	DOP DOP DOP	MFG, GI (I)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The CPT code 76000 is sufficiently descriptive of the procedure performed and the MAR value of 76000-27 is \$88.00. The provider is entitled to reimbursement of \$88.00 for each date of service in dispute, which the carrier has reimbursed. Therefore, no additional reimbursement is recommended.
08/08/01 09/12/01 10/18/01	76499-27	\$300.00 \$300.00 \$300.00	\$0.00 \$0.00 \$0.00	G, N G G	DOP DOP DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The TWCC Advisory 97-01 states, "... When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, <b>such procedures</b> (emphasis added) are considered part of the service and should not be billed separately." The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.
09/12/01 09/12/01  10/18/01 10/18/01 10/18/01 10/18/01	A4649 A4649  A4550 A4649 A4209 A4649	\$25.00 \$25.00  \$75.00 \$25.00 \$10.00 \$25.00	\$0.00 \$0.00  \$0.00 \$0.00 \$0.00 \$0.00	G G  N N N N	DOP      	MFG, SGR (V)(B)(1-3)	The referenced SGR discusses the billable CPT codes for surgical procedures performed in a doctor's office. They are CPT codes 99070-ST, 99070-AS & 99499-RR. The CPT codes in dispute are not one of these billable codes. Therefore, reimbursement is not recommended.
09/12/01 09/12/01  10/18/01	J1040 J2912  J1040	\$100.00 \$10.00  \$100.00	\$0.00 \$0.00  \$0.00	G G  G	DOP DOP  DOP	MFG, SGR (I)(E)(4)(d); Texas Workers' Compensation Act & Rules, Rule 134.304 (k)(1)	Per the referenced SGR, "additional materials through the same puncture site, reimbursement shall be allowed for the materials only". The carrier's EOB indicates that it has reimbursed for code A4646 as the additional material. The provider's HCFA-1500 does not show code J2912 as being billed and it would not be eligible for dispute resolution. Therefore, no additional reimbursement is recommended.
<b>Totals</b>		\$1375.00	\$42.40				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 12<sup>th</sup> day of September 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division